

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-----------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | |
| 1648 94966 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In Rhode Island (S.O.S.) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form JCC1Ad)

| | | | | |
|--------------------------------------|--|---------------------|-------------------------------|----------------------|
| 1a ORGANIZATION'S NAME Weft-Tex, Inc | | | | |
| OR | | | | |
| 1b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 3034 MAIN ROAD | | CITY TIVERTON | STATE RI | POSTAL CODE 02878 |
| COUNTRY USA | | | | |

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-----------------------------------|--|------------------------------|-------------------------------|----------------------|
| 2a ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b INDIVIDUAL'S SURNAME JEROME | | FIRST PERSONAL NAME PETER | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c MAILING ADDRESS 3034 MAIN ROAD | | CITY TIVERTON | STATE RI | POSTAL CODE 02878 |
| COUNTRY USA | | | | |

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--|---------------------|-------------------------------|----------------------|
| 3a ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | | | |
| OR | | | | |
| 3b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS P.O. Box 2576 uccsprep@cscinfo.com | | CITY Springfield | STATE IL | POSTAL CODE 62708 |
| COUNTRY USA | | | | |

4 COLLATERAL This financing statement covers the following collateral:
All personal property and general intangibles, including related accessions, accessories, replacements and proceeds, and certain future receivables, as detailed and defined in a loan agreement between secured party and debtor.

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|--|--|--|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | | | |
| 6a Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | | | 6b Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7 ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | | | | |
| 8 OPTIONAL FILER REFERENCE DATA | | | | |

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